



March 2001

# HOME HEALTH AGENCY UPDATE



North Dakota Department of Health  
Division of Health Facilities

**Welcome to this edition of Home Health Agency Update, a newsletter published by the North Dakota Department of Health, Division of Health Facilities. Administrators, please share this newsletter with you home health agency staff.**



## OASIS

By now you should have received and reviewed the OASIS – Case Mix and Adverse Event Satellite Broadcast videotape and the OASIS training videotape that was sent to all Medicare-certified home health agencies (HHA) March 2, 2001. In addition, each Medicare certified HHA should have received a copy of the Health Care Financing Administration (HCFA) computer-based training CD that demonstrates accessing and obtaining the Outcome Based Quality Monitoring reports (OBQM). We hope this information has been helpful as you complete the various assessments and begin generating and using the Case Mix and Adverse Event reports.



## OUTCOME BASED QUALITY MONITORING (OBQM)

The North Dakota Department of Health received notice from HCFA that as part of the pre-survey preparation, surveyors now will begin to access and review OBQM reports before they survey a home health agency. The adverse events serve as markers for potential problems in care because of their negative nature and relatively low frequency. Please remember these reports will not be used solely to determine if inadequate care was provided. Rather, surveyors will determine whether or not inadequate care was provided by reviewing OBQM reports, the circumstances that surround the delivery of care, and the care provided to specific patients.

As part of the Medicare conditions of participation, HHAs are required to conduct an annual evaluation of their total program, including patient services. HHAs also are

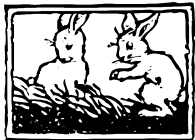
required to conduct quarterly clinical record reviews to evaluate the care provided under the HHA's policies. Home health agencies are expected to incorporate a review and an investigation of the OBQM into their evaluation and patient care review programs and to include them as part of their quarterly record review.



## **CONFIDENTIALITY**

Home health agencies are required, as part of the Condition of Participation at 42 CFR 484.11, to maintain the confidentiality of all patient-identifiable information contained in the clinical record, including OASIS data and reports, and may not release patient-identifiable OASIS information to the public. Therefore, neither the state nor the home health agency may release any of the OBQM reports or the information contained in them.

In addition, HCFA will not accept the transmission of OASIS data via e-mail to a parent agency or a private vendor. If your agency is currently transmitting OASIS data by this method, this practice must be discontinued immediately.



## **SCHEDULED SERVER DOWNTIME**

HCFA is implementing planned downtime on the state system servers. Downtime for scheduled maintenance for all OASIS state system servers will begin April 17, 2001, and continue on the third Tuesday of each month. The time scheduled for this is from 6 a.m. to 9 a.m. Central Standard Time (5 a.m. to 8 a.m. Mountain Standard Time). This means OASIS assessment records cannot be transmitted, and validation and data management and OBQM

reports cannot be downloaded during this time. HCFA selected this time because it is the least busy time of the month.



## **OASIS: What's New**

- HCFA added a new questions and answers section to its website that deals with the OBQM reports. See: <http://www.hcfa.gov/medicaid/oasis/hhnew.htm>. This site includes questions from the Jan. 19, 2001 satellite broadcast. The questions have been answered, edited and clarified to provide the readers with the most current information. Category #13 - Outcome-Based Quality Monitoring (OBQM) reports was added Feb. 26, 2001. The Questions and Answers section is in four parts:
  - Part 1 – Case Mix and Adverse Event Reports
  - Part 2 – Accessing Reports
  - Part 3 – Survey and Certification Issues
  - Part 4 – General Information.

## **M0825 Update**

To do corrections for patients who have therapy ordered at their Start of Care (SOC) and then meet their threshold, the agency should cancel the initial RAP, resubmit it and submit a corrected SOC assessment to their state. These changes should be noted in the patient's clinical record. Please refer to questions 23 and 24 at <http://www.hcfa.gov/medicaid/oasis/hhqc12.htm>

If a patient had no therapy ordered at the SOC, but the physician subsequently orders therapy services, the change in physician orders and the change in the case mix HHRG constitutes an SCIC adjustment. The agency must complete an Other Follow-up Assessment (RFA #5) and submit the SCIC adjustment. Corrections to the SOC assessment are not appropriate in this case.

HCFA updated Category #12 - PPS/OASIS on the Question and Answer page Feb. 22, 2001 regarding questions concerning M0825.

**Q23: If a RAP is cancelled and resubmitted because therapy visits do go over 10, must you correct the OASIS document where you answered "No" to M0825?**

**A23:** If the adjustment to the patient's case mix is due solely to the correction of the therapy visits estimated at SOC and there is no clinical change in the patient's health status the HHA should make a note in the patient's record as to the difference between therapy originally estimated and therapy actually delivered. It is necessary to correct the original assessment at M0825 that will update the HHRG. Agencies can make this non-key field change to their records and retransmit the corrected assessment. HHAs should refer to the correction policy found on the OASIS website at [www.hcfa.gov/medicaid/oasis/datasubm.htm](http://www.hcfa.gov/medicaid/oasis/datasubm.htm) in the current data submission specifications file DS110.PDF. (Added 02/22/01)

If, however, there is an unexpected change in the patient's clinical condition due to a major decline or improvement in health status that warrants a change in plan of treatment, an Other Follow-up Assessment (RFA #5) is expected to

document the change. This is in keeping with the regulation at 42 CFR 484.20 (b), accuracy of encoded data. The OASIS assessment must accurately reflect the patient's status at the time of the assessment. It is necessary to have one consistent document for the patient's assessment; so if therapy visits are increased there should be concurrent OASIS correction and clinical record documentation.

**Q24: What are the HHA's options if they originally answered "No" to M0825 but subsequently performed 10 or more patient visits? Can they cancel the RAP that they originally filed or must they submit a SCIC?**

**A24:** If the therapy need was underestimated or overestimated at the beginning of the episode and there is no clinical change in the patient's health status, the HHA may cancel the original RAP and resubmit it. The HHA should make a note in the patient's record as to the difference between therapy originally estimated and therapy actually delivered. It is necessary to correct the original assessment at M0825 that will update the HHRG. Agencies can make this non-key field change to their files and retransmit the corrected assessment. HHAs should refer to the correction policy found on the OASIS website at [www.hcfa.gov/medicaid/oasis/datasubm.htm](http://www.hcfa.gov/medicaid/oasis/datasubm.htm) in the current data submission specifications file DS110.PDF.

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with the regulation at 42 CFR 484.20 (b), accuracy of encoded data. The OASIS assessment must accurately reflect the patient's status at the time of the assessment. For payment purposes, the Other Follow-up Assessment is the basis for the SCIC adjustment. It is necessary to have one consistent document for the patient's assessment; so if therapy visits are increased, there should be concurrent OASIS and clinical record documentation. (Added 02/22/01)

- HAVEN Version 5.0 will be released early to mid April 2001. This release will now allow HHAs to make key field corrections and then submit them to the HCFA server. March 31<sup>st</sup> will be the last day that the state will be able to make corrections to key fields on submitted OASIS. If you are a registered HAVEN user, a CD will be mailed to you with this release. You may register for HAVEN at <http://www.hcfa.gov/medicaid/oasis/havensof.htm> If you use a private vendor, contact the vendor to make sure your new release or upgrade is ready.

Please submit each home health agency e-mail address (and contact name) to Carole Klebe at [cklebe@state.nd.us](mailto:cklebe@state.nd.us)

Good health and good sense are  
two of life's greatest blessings.

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